



## JAMII CO-OPERATIVE SAVINGS AND CREDIT SOCIETY

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### MEMBERSHIP APPLICATION FORM

Surname:	Other Names:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth:	Marital Status:	Occupation:

#### CONTACT DETAILS.

Postal Address:	Postal Code:	Town/City:
Telephone:	Mobile No:	E-Mail Address:

#### PHYSICAL ADDRESS.

Home County:	Estate/Location:	House Number:
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#### IDENTIFICATION.

Id No:	Place Of Issue:	KRA PIN:
Passport No:	Issue Date:	Expiry Date:

#### EMPLOYMENT DETAILS (To be completed by employed applicant)

Name Of Employer:	Payroll No:	Work County:
Station:	District:	
TermsofEmployment Permanent/Contract		Expiry Of Contract:

#### IF SELF EMPLOYED (To be completed by a business applicant)

Business Name:	Business Location:	Office Number:
Nature of Business	Business County:	District:

#### SOURCE OF FUNDS (Tick as appropriate)

Salary <input type="checkbox"/>	Business <input type="checkbox"/>	Pension <input type="checkbox"/>
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Others(Specify)		
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**DEPOSIT CONTRIBUTION.**

Monthly Contribution(Kshs)	Amount in Words:
Proposed Mode of Remittance: <input type="checkbox"/> Check off <input type="checkbox"/> Standing Order <input type="checkbox"/> Cash <input type="checkbox"/> Mpesa Paybill <input type="checkbox"/> Other(Specify)	
Effective Date(dd/mm/yy):	

**NEXT OF KIN /NOMINEE INFORMATION.**

Name(s)	Relationship	ID Number	Mobile No	Date of Birth	Final Dues% of Deposit/Interest	Funeral Fund Beneficiary

**Applicant Names:**.....

**Date**...../...../.....

**Applicant Signature:**.....

**REFEREE (To be filled by the member introducing the applicant)**

<b>Name(s):</b>	<b>M/No:</b>	<b>Mobile No:</b>
<b>Signature:</b>	<b>Position in the SACCO</b>	<b>Date:</b>

**OFFICIAL USE ONLY**

Member Created By: ..... Signature..... Date.....

Member Supervised By: ..... Signature:..... Date:.....